

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS409AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/25/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>FORGET ME NOT HOME CARE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5513 FLORA SPRAY STREET LAS VEGAS, NV 89130</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/25/10. The facility received an annual survey grade of B. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for six Residential Facility for Group beds which provide care to elderly or disabled persons and/or persons with mental illnesses, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.  The following deficiencies were identified: Y0251, Y0434, Y0435, Y0444, Y0693 and Y9999.	Y 000		
Y 251 SS=E	449.217(2) Storage of Food-Perishable foods refrigerated  NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less.	Y 251		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 251	Continued From page 1  This Regulation is not met as evidenced by: Based on observation on 6/25/10, the facility failed to maintain the temperature below 0 degrees Fahrenheit or less for 1 or 3 freezers.  Severity: 2 Scope: 2	Y 251			
Y 434 SS=D	449.229(3) Emergency Drills  NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.  This Regulation is not met as evidenced by: Based on record review on 6/25/10, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 5 of 12 months (2/10 through 6/10 only).  Severity: 1 Scope: 2	Y 434			
Y 435 SS=F	449.229(4) Fire Extinguisher; Inspection  NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections.  This Regulation is not met as evidenced by:	Y 435			

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Y 435	Continued From page 2  Based on observation on 6/25/10, the facility failed to ensure that 2 of 2 facility fire extinguishers were inspected annually.  Severity: 2 Scope: 3	Y 435			
Y 444 SS=E	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.  This Regulation is not met as evidenced by: Based on record review on 6/25/10, the facility did not ensure smoke detectors were tested 6 out of the past 12 months (July, August, September, October, November and December of 2009).  Severity: 2 Scope: 2	Y 444			
Y 693 SS=E	449.2712(2) Oxygen-Caregiver monitor resident ability  NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which	Y 693			

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Y9999	Continued From page 4  Based on record review on 6/25/10, the facility's business license had expired on 5/31/10.  Severity: 1    Scope:1	Y9999			

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